

12-04-2003 14:17 From-

T-598 P.006/035 F-031

## APPLICATION FOR A SEWER USE PERMIT

## SECTION A

INDUSTRIAL 120-264  
8110 8115 8120 8125 82051. Company Name SUN METAL FINISHING, INC FEB 05 20042. Permit Number if applicable: # 274038623. Location: 57 WOOD STREETPATERSON, NJZip Code: 075244. Mailing Address SAME

Zip Code: \_\_\_\_\_

5. Person to contact concerning information provided in this application:

Name of Contact Official: MICHAEL J. O'BRIENTitle: PRESIDENTPhone No. (973) 684-0119  
X16Address 57 WOOD STREET, PATERSON, NJ Zip code 075246. Number of Employees - Full Time: 16 Part Time: 0Number of Work Days Per Year: 300Number of Shifts Per Day: 1

7. If property is owned indicate block and lot number(s):

BLOCK C 0377 LOT 1 → NOT OWNED BY PERMIT HOLDER

Assessed Value: \_\_\_\_\_ 19 \_\_\_\_\_

8. If property is rented indicate name and address of owner:

MICHAEL J. O'BRIEN57 WOOD ST., PATERSON, NJ 07524Total square feet rented: 31,0009. List NJPDES Permit Number if applicable, NONE and  
Name of receiving Body of Water entered \_\_\_\_\_

12-04-2003 14:17 From-

T-598 P.007/035 F-031

**WATER DATA**

## 10. Water Source: (Circle all appropriate answers)

Purchased

☒ Y ☐ N

Well

Y - N

If Y, is it metered

Y - N

River

Y - N

If Y, is it metered

Y - N

11. Name of purchased water supplier: PASSAIC VALLEY WATER COMMISSIONList all Account #'s: 167-33641 (5); 167-33708-1(9)12. Water Received: From Mo. 01 Yr. 03 Through Mo. 12 Yr. 03

(\* Next to a figure means it is estimated).

	<u>PURCHASED</u>	<u>WELL</u>	<u>RIVER</u>	<u>TOTAL</u>
1 <sup>st</sup> Qtr.	828,261			828,261
2 <sup>nd</sup> Qtr.	871,794			871,794
3 <sup>rd</sup> Qtr.	730,870			730,870
4 <sup>th</sup> Qtr.	767,224			767,224

GRAND TOTAL 3,198,149

Report in gallons

## 13. Water Use and Disposition (\*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/ Ditch	Gallons Used Other
Sanitary service only	158,203		
Process waste water	3,039,946		
Cooling water			
Evaporation			151,997
Contained in the product			
Other (describe)			

BASED UPON:

GRAND TOTAL

3,198,149FLOW INFORMATION PREVIOUSLY SUBMITTED TO PVSC IN  
SUN'S MR-2 REPORTS.

2 of 17

12-04-2003 14:17 From-

T-598 P.008/035 F-031

SECTION B (continued)

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer	Y - N
To the Combined Sewer	<u>(Y)</u> - N
To the Storm Sewer	Y - N
River or Ditch	Y - N

15. Waste hauler information: List all firms and/or independent contractors used to remove process waste or sludge from this facility.

Contractor	Address	Icc #	Waste type handled
STABLEX CANADA INC.	760 BOULEVARD INDUSTRIEL BLAINVILLE (QUEBEC) CANADA	AS CARRIER IS SELECTED BY STABLEX	FILTER CAKE: RESIDUAL FROM OUR PLATING OPERATIONS. CATEGORIZED AS F006 WASTE FOR RCRA PURPOSES.
	J7C, 3V4		

SECTION COPERATIONAL CHARACTERISTICS

16. Discharge of Industrial Waste is continuous X  
or intermittent \_\_\_\_\_ each operating day.

If the discharge is intermittent, it occurs between the following hours: \_\_\_\_\_

17. Brief description of Manufacturing or other activity performed: JOB SHOP  
PLATING OPERATIONS FOR COMMON METALS.

List SIC CODE #: 3471

18. Principal Raw Materials used: COMMON PLATING METALS, PLATING  
SOLUTIONS, ALKALINE CLEANERS, ETC (ESPECIALLY ZINC PLATING).

19. Principal Products or Services: JOB SHOP ELECTRO PLATING.

20. Describe seasonal variations, if significant, giving dates, volumes, rates, hours, etc.

Include variations in product lines which affect waste characteristics: NONE

Does this facility shutdown for vacation(s)? NO If so, is it basically the same time each year. \_\_\_\_\_ Provide dates usually shutdown \_\_\_\_\_

### SECTION D

#### MONITORING

21. Describe any pretreatment process or effluent monitoring system in use:

Outlet 27200040-1 PH NEUTRALIZATION INCLUDED WITH  
HEAVY METAL PRETREATMENT FOR RECYCLING.

Outlet 27200040-2 N/A: SANITARY ONLY

Outlet \_\_\_\_\_

22. Sampling information:

<u>Outlet</u>	<u>Contains Industrial Waste</u>	<u>Sampler Type</u>	<u>Refrigerated</u>
<u>27200040-1</u>	<u>YES</u>	<u>PERISTALTIC COMPOSITE</u>	<u>YES</u>
<u>27200040-2</u>	<u>NO</u>	<u>N/A</u>	<u>N/A</u>

12-04-2003 14:18 From-

T-598 P.010/035 F-031

## 23. Volume Information:

<u>Outlet</u>	<u>Daily Flow (Gallons)</u>	<u>Metered (Y - N)</u>	<u>Type</u>	<u>Date</u>
27403861-6449-0451	10,133		4-SEPARATE WATER METER	
27403862-6449-0451	527		Y-SEPARATE WATER METER	

24. Frequency of calibration of each flow meter: N/A

## 25. Attach plot plan of the property showing:

- (a) all existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);
- (b) sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter(s).
- (c) details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.

12-04-2003 14:18 From-

T-598 P.011/035 F-031

SECTION EANALYSIS OF INDUSTRIAL WASTE

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. 872 000 40 - 1

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l			Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l		
Code	Parameter	Value	Code	Parameter	Value
0200*	Radioactivity (PL-1)		1097*	Antimony (Sb)	
0500	Total Solids		1002*	Arsenic (As)	
0505	Volatile Solids		1022*	Boron (B)	
0530	Total Suspended Solids		1027	Cadmium (Cd)	
0540	Volatile Suspended Solids		1034*	Chromium Total (Cr)	
0555	(1)(3) Petroleum Hydrocarbons		1042	Copper (Cu)	
0310	Biochemical Oxygen Demand (BOD)		1045*	Iron (Fe)	
			1051	Lead (Pb)	
0340	Chemical Oxygen Demand (COD)		0720*(3)	Cyanide (Cn)	
			1900	Mercury (Report to 0.XXX)	
0680	Total Organic Carbon (TOC)		1067	Nickel (Ni)	
			1147*	Selenium (Se)	
9000	pH(standard unit range)		1077*	Silver (Ag)	
0610	(1) Ammonia as N		1102*	Tin (Sn)	
0550	(1)(3) Total Oil & Grease		1092	Zinc (Zn)	
0745*	(1) Sulfide		2730	Phenol	
0507*	(1) Ortho Phosphates as P		4053*	Pesticides (Report to 0.XXX)	
0625*	(1) Kjeldahl N as N		0940*	Chlorides	*
9998*	(2)(3) TTO (Report to 0.XXX)		9999*(3)	TTVO (Report to 0.XXX)	

## FOOTNOTES:

- (1) Report results to the nearest tenth, i.e., 1.6 mg/l.  
(\*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.
- (2) See instructions.
- (3) Grab sample required

Rev: 1/87  
3/89  
7/90  
9/94  
3/95  
11/95  
07/98

12-04-2003 14:18 From-

T-598 P.012/035 F-031

Samples collected by: SUN METAL FINISHING, INC., BY  
MICHAEL J. O'BRIEN, PRES. Date: 1/8/04

Sample analyzed by: INTEGRATED ANALYTICAL LABS Date: \_\_\_\_\_

Products being manufactured when sample was collected: NORMAL PLATING  
OPERATIONS WERE UNDERWAY.

27. Who performs the analyses of the samples for User Charge? \_\_\_\_\_  
INTEGRATED ANALYTICAL LABS

28. Is the Laboratory certified by NJDEP to conduct all the analyses? Y - N \_\_\_\_\_  
YES

29. Who performs the analyses of the samples for the Pretreatment Parameters? \_\_\_\_\_  
INTEGRATED ANALYTICAL LABS

If monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use. If unknown, so state:

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?  
Y - N YES

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1,2 & 3 is present in your discharge.

12-04-2003 14:18 From-

T-598 P.013/035 F-031

SECTION F**PRETREATMENT**

32. Industrial Category: 40 CFR 413.14 ELECTROPLATING  
Subpart (s): SUBPART A - COMMON METALS
33. Compliance date(s): 4/22/1984
34. Is facility in compliance? YES If not, and if compliance date has passed, explain actions being taken to get into compliance: \_\_\_\_\_
35. Date Baseline Monitoring Report (BMR) submitted to PVSC: 07/85
36. Compliance schedule submitted: N/A  
If yes is facility on schedule? \_\_\_\_\_ Explain if compliance date will not be met: \_\_\_\_\_
37. Does this facility come under the Resource Conservation and Recovery Act (RCRA)?  
If yes, describe YES, FILTER CAKE IS TAKEN BY STABLEX (SEE ITEM #15)
38. Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan?  
If yes, describe YES - DIRECTIONS FOR CONTAINMENT,  
MANAGEMENT NOTIFICATION AND LOCAL AGENCY NOTIFICATION
39. Has this facility even been cited by NJDEP or EPA for a violation of State or Federal Regulations for the nature of its wastewater discharge? Y - N Y
40. Is this facility under an ISRA Clean up? NO If so, has a plan been approved by NJDEP: \_\_\_\_\_
- Is there any plan to discharge groundwater?  
NO



12-04-2003 14:18 From-

T-508 P.014/035 F-031

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official:

MICHAEL J. O'BRIEN

Print Name

TITLE:

PRESIDENT

DATE

1/26/04

SIGNATURE

Michael J. O'Brien

\*APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:

- a. Principal Officer of Corporation
- b. President or Owner of Company
- c. General Partner if a Partnership
- d. Plant Manager or Authorized Representative

12-04-2003 14:19 From-

T-598 P.015/035 F-031

**TABLE I EPA PRIORITY POLLUTANTS****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
Acenaphthene			↑		2,4 dimethylphenol			↑	
acrolein			↑		2,4 dinitrotoluene			↑	
acrylonitrile			↑		2,6 dinitrotoluene			↑	
benzene			↑		1,2 diphenylhydrazine			↑	
benzidine			↑		ethylbenzene			↑	
carbon tetrachloride (tetrachloromethane)			↑		fluoranthene			↑	
chlorobenzene			↑		4-chlorophenyl phenyl ether			↑	
1,2,4-trichlorobenzene			↑		4-bromophenyl phenyl ether			↑	
hexachlorobenzene			↑		bis(2-chloroisopropyl) ether			↑	
1,2 dichloroethane			↑		bis(2-chloroethoxy) methane			↑	
1,1,1 trichloroethane			↑		methylene			↑	
hexachloroethane			↑		chloride(dichloromethane)			↑	
1,1,1,2,2,2 hexachloroethane			↑		methyl chloride			↑	
1,1,2 trichloroethane			↑		(chloromethane)			↑	
1,1,2,2 tetrachloroethane			↑		methyl bromide			↑	
chloroethane			↑		(bromomethane)			↑	
bis(chloromethyl) ether			↑		bromoform(tribromomethane)			↑	
Bis(2 chloroethyl) ether			↑		dichlorobromomethane			↑	
2-chloroethyl vinyl ether mixed			↑		trichlorofluoromethane			↑	
2-chloronaphthalene			↑		dichlorodifluoromethane			↑	
2,4,6, trichlorophenol			↑		chlorodibromomethane			↑	
parachlorometa cresol			↑		hexachlorobutadiene			↑	
Chloroform (trichloromethane)			↑		hexachlorocyclopentadiene			↑	
2 chlorophenol			↑		isophorone			↑	
1,2, dichlorobenzene			↑		naphthalene			↑	
1,3, dichlorobenzene			↑		nitrobenzene			↑	
1,4, dichlorobenzene			↑		2-nitrophenol			↑	
3,3, dichlorobenzidine			↑		4-nitrophenol			↑	
1,1,1,2,2,2 hexachloroethane			↑		2,4-dinitrophenol			↑	
1,2 trans-dichloroethylene			↑		4,6 dinitro-o cresol			↑	
2,4,dichlorophenol			↑		N-nitrosodimethylamine			↑	
1,2, dichloropropane			↑		N-nitrosodiphenylamine			↑	
1,3, dichloropropylene			↑		N-nitrosodi-n-propylamine			↑	
(1,3 dichlor propene)			↓		pentachlorophenol			↓	
			↓		phenol			↓	

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT

12-04-2003 14:19 From-

T-598 P.016/035 F-031

**TABLE 1 EPA PRIORITY POLLUTANTS (continued)****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
bis(2-ethylhexyl) phthalate			↑		endrin			↑	
butylbenzylphthalate					endrin aldehyde				
di-n-butylphthalate					heptachlor				
di-n-octylphthalate					heptachlor (epoxide)				
diethylphthalate					BHC Alpha				
dimethylphthalate					BHC Beta				
benzo(a)anthracene					BHC Gamma				
benzo(a)pyrene					BHC Delta				
3,4 benzofluoranthene					PCB1242				
benzo(k) fluoranthene					PCB1254				
chrysene					PCB1221				
acenaphthylene					PCB1232				
anthracene					PCB1248				
benzo(ghi)perylene					PCB1260				
fluorene					PCB1016				
phenanthrene					toxaphene				
dibenzo (a,h) anthracene					antimony (total)				
indeno (1,2,3-c,d) pyrene					arsenic (total)				
pyrene					asbestos (fibrous)				
tetrachloroethylene					beryllium (total)				
toluene					cadmium (total)			↓	
trichloroethylene					chromium (total)	X			
vinyl chloride					copper (total)	X			
aldrin					cyanide (total)			X	
dieldrin					lead (total)	<del>X</del>		<del>X</del>	
chlordane					mercury (total)			X	
4,4 DDT					nickel (total)	X			
4,4, DDE					selenium (total)			X	
4,4, DDD					silver (total)	X			
endosulfan I					thallium (total)			X	
endosulfan II					zinc (total)	X			
endosulfan sulfate					2,3,7,8, tetrachlorodibenzo			X	
			↓		p-dioxin			X	

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT

12-04-2003 14:19

From-

T-598 P.017/035 F-031

**TABLE 4 NJDEP EXPANDED PRIORITY POLLUTANTS****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acrylamide			↑		n,n-dimethyl aniline			↑	
amitrole					3,3-dimethyl benzidine				
amyl alcohols					1,1-dimethylhydrazine				
aniline hydrochloride					dioxane				
anisole					diphenylamine				
auramine					ethylenimine				
benzotrichloride					hydrazine				
benzylamine					4,4-methylene bis				
					(2-chloraniline)				
o-chloroaniline					4,4-methylenedianiline				
m-chloroaniline					methyl isobutyl ketone				
p-chloroaniline					alpha-naphthylamine				
1-chloro-2-nitrobenzene					beta-naphthylamine				
1-chloro-4-nitrobenzene					n-methylaniline				
chloroprene					1,2- phenylenediamine				
chrysoidine					1,3- phenylenediamine				
cumene					1,4-phenylenediamine				
2,3-dichloroaniline					sudan I (solvent yellow 14)				
2,4-dichloroaniline					thiourea				
2,5-dichloroaniline					toluene sulfonic acids				
3,4-dichloroaniline					toluidines				
3,5-dichloroaniline					xylydines				
1,3-dichloropropene									
1,3-dimethoxybenzidine			↓					↓	

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT

12-04-2003 14:20 From-

T-598 P.018/035 F-031

TABLE 3 EPA HAZARDOUS SUBSTANCESCHECK APPROPRIATE BOX

NAME	A	B	C	D		A	B	C	D
acetaldehyde			↑		isopropanolamine			↑	
allyl alcohol					kelthane				
allyl chloride					kepone				
amyl acetate					malathion				
aniline					mercaptodimethur				
benzonitrile					methoxychlor				
benzyl chloride					methyl mercaptan				
butyl acetate					methyl methacrylate				
butylamine					methly parathion				
captan					mevinphos				
carbaryl					mexacarbate				
carbofuran					monoethylamine				
carbon disulfide					monomethylamine				
chlorpyrifos					naled				
coumaphos					napthenic acid				
cresol					nitrotoluene				
crotonaldehyde					parathion				
cyclohexane					phenolsulfanate				
2,4-D (2,4-dichlorophenoxy)			✓		phosgene				
acetic acid				X	propagrite				
diazinon			↑		propylene oxide				
dicamba					pyrethrins				
dichlobenil					quinoline				
dichlone					resorcinol				
2,2-dichloropropionic acid					strontium				
dichlorvos					strychnine				
diethylamine					stryrene				
dimethylamine					2,4,5-T (2,4,5-trichloro- phenoxy acetic acid)				
dinitrobenzene					TDE (tetrachloro- diphenylethane)				
diquat					2,4,5-TP 2(2,4,5- trichlorophenoxy				
disulfoton					trichlorofon				
diuron					triethylamine				
epichlorohydrin			↓		trimethylamine				
					propanoic acid			↓	

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT

TABLE 3 EPA HAZARDOUS SUBSTANCES (continued)

CHECK APPROPRIATE BOX

NAME	A	B	C	D		A	B	C	D
ethanolamine			↑		uranium			↑	
ethion			↑		vanadium			↑	
ethylene diamine			↑		vinyl acetate			↑	
ethylene dibromide			↑		xylene			↑	
formaldehyde			↑		xlenol			↑	
furfural			↑		zirconium			✓	
guthion			↑						
isoprene			✓						

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12-04-2003 14:20

From-

I-598 P.021/035 F-031

(To be completed only by Corporations and Limited Liability Companies)

**REGISTERED AGENT:** Identify the name and address of the Corporations's Registered Agent:Name: KENNETH A. RAMP, ESQ., JERRY SCHAFFER

Company Name: \_\_\_\_\_

Street Address: 77 FAIRWAY TERRACE 57 WOOD ST.City, State & Zip Code: NORWOOD, NJ 07648 PATERSIN, NJ 07524**DATE AND PLACE OF INCORPORATION/FORMATION:** Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:State: NEW JERSEYDate: 06/13/80**DATE AUTHORIZED IN NEW JERSEY:** If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date: \_\_\_\_\_

**SECTION THREE**

(To be completed only by Partnerships or Joint Ventures) -

**FORM OF PARTNERSHIP:** Check One.☐ General partnership☐ Limited Partnership**PARTNERS:** Identify (by name, residence address, business address and daytime telephone number) each partner or joint venture. (attach additional sheets if necessary):

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State &amp; Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State &amp; Zip Code: \_\_\_\_\_



12-04-2003 14:20 From-

T-598 P.022/035 F-031

(This section to be completed only if the business concern is organized in a form other than a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

**FORM OF BUSINESS ORGANIZATION:** Describe how the business entity is organized and under what legal authority it was established.

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**CERTIFICATION**

(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment,

Dated: JAN. 26, 2004

Michael J. O'Brien  
Signature  
MICHAEL J. O'BRIEN  
PRESIDENT

Print Title & Position

12-04-2003 14:21 From-

T-598 P.023/035 F-031

10113

**SUPPLEMENTAL SEWER USE APPLICATION QUESTIONNAIRE**

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name and address of the applicant and all individuals and entities owning 10% or more of the applicant. This will assist the PVSC by providing necessary information for service of notices, bills and other documents upon the applicant, for service of process as well as the individual to be contacted in the event of an emergency.

BY SIGNING THIS APPLICATION THE APPLICANT IS ACKNOWLEDGING ITS CONTINUING OBLIGATION TO UPDATE THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE. SPECIFICALLY THE APPLICANT UNDERSTANDS THAT IT SHALL NOTIFY THE PVSC WITHIN THIRTY (30) DAYS OF ITS ENTERING INTO A CONTRACT OR AGREEMENT TO TRANSFER ITS CAPITAL STOCK AND/OR 50% OR MORE OF ITS ASSETS. THE APPLICANT SHALL LIKEWISE INFORM THE PVSC, ON A CONTINUING BASIS, OF ALL INDIVIDUALS OR ENTITIES OWNING 10% OR MORE OF THE CAPITAL STOCK OR ASSETS OF THE CORPORATION AND ANY INDIVIDUAL OR ENTITY ENTITLED TO RECEIVE MORE THAN 10% OF THE NET PROFITS OF THE APPLICANT.

FAILURE TO NOTIFY THE PVSC OF ANY CHANGES IN THE CORPORATE STRUCTURE, OWNERSHIP OR PLANNED TRANSFER OF OWNERSHIP WITHIN 15 DAYS OF ITS OCCURRENCE SHALL BE DEEMED A VIOLATION OF THE SEWER USE PERMIT, THE RULES AND REGULATIONS OF THE PVSC AND N.J.S.A. 58:14-1 et. seq.

**SECTION ONE**

(To be completed by all applicants)

**NAME OF APPLICANT:** State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement, trust or other official document which establishes the name of the applicant (if no such document exists, state the name the business uses):

SUN METAL FINISHING, INC.

Name of Applicant

**TRADE NAME:** Identify all trade names, names under which the applicant will be doing or soliciting business and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

\_\_\_\_\_  
Trade Name/Fictitious Name

12-04-2003 14:21 From-

T-598 P.024/035 F-031

2 of 13

**BUSINESS ORGANIZATION:** Please check the appropriate box:

- |                                     |                     |                          |                           |
|-------------------------------------|---------------------|--------------------------|---------------------------|
| <input type="checkbox"/>            | Sole Proprietorship | <input type="checkbox"/> | Trust                     |
| <input type="checkbox"/>            | Partnership         | <input type="checkbox"/> | Joint Venture             |
| <input type="checkbox"/>            | Limited Partnership | <input type="checkbox"/> | Non-Profit Corporation    |
| <input checked="" type="checkbox"/> | Corporation         | <input type="checkbox"/> | Limited Liability Company |
| <input type="checkbox"/>            | Other (describe)    |                          |                           |

**EMERGENCY CONTACT PERSON:** In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: MICHAEL J. O'BRIEN

Street Address: 585 NAVAHO TRAIL DRIVE

City, State & Zip Code: FRANKLIN LAKES, NJ 07417

Business Telephone: (973) 684-0119 Emergency Telephone: (201) 891-2686  
(HOME)

**PAST NAMES OF APPLICANT.** List all names under which the applicant has done business or held itself out to the public as doing business in the past. Include names of division, and "trading as," "doing business as," fictitious, or informal name.

<u>Name</u>	<u>From (Year)</u>	<u>To (Year)</u>
<u>NONE</u>		

**APPLICANT'S FORMER FACILITIES IN NEW JERSEY.** List all locations, including office, in the State of New Jersey at which the applicant formerly operated any aspect of its business, and any location at which such a business was owned or operated by any predecessor of the applicant, or by any owner, partner, director, officer, key employee or stockholder holding 10% or more of the applicant's equity.

<u>Address</u>	<u>Type of Facility</u>	<u>From To (years)</u>	<u>NJDEP regis. No. and or USEPA I.D.</u>
<u>19 SHADY STREET</u>	<u>SAME</u>	<u>1980-1983</u>	<u>N/A</u>
<u>ROTHMAN, NJ</u>	<u>TYPE</u>		
<u>07524</u>			

12-04-2003 14:21 From-

T-598 P.025/035 F-031

3 of 13

**APPLICANT'S FACILITIES IN OTHER JURISDICTIONS.** List all locations in any state, including offices, districts or territory of the United States other than New Jersey, or in any foreign country, at which the applicant is currently operating any aspect of its business.

<u>Address</u>	<u>Telephone</u>	<u>Type of facility</u>	<u>USEPA I.D. and/or any permits (nos. and name of issuing agency)</u>
<u>NONE</u>			

## SECTION TWO

(To be completed only by Corporations and Limited Liability Companies)

**REGISTERED AGENT:** Identify the name and address of the Corporation's Registered Agent:

Name: Kenneth A. Ramo, Esq.

Company Name: \_\_\_\_\_

Street Address: 77 Fairway Terrace

City, State & Zip Code: Norwood, NJ 07648

Telephone: (201) 767-8174  
(Area Code)

**DATE AND PLACE OF INCORPORATION/FORMATION:** Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State/Country: New Jersey

Date: 06/13/1990

Certificate of Incorporation No.: 0100 115414

Copy of certificate of incorporation attached? ☒ Yes ☐ No

**DATE AUTHORIZED IN NEW JERSEY:** If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date: \_\_\_\_\_

12-04-2003 14:22 From-

T-598 P.026/035 F-031

4 of 13

**OFFICERS.** List the following information as to each Officer of the corporation. Use additional copies of this section as necessary.

Name: MICHAEL J. O'BRIEN Telephone: (973) 684-0119  
Business address: 57 Wood St, Paterson, NJ 07524 X26

Office held	Date took office	Date of birth
<u>PRESIDENT</u>	<u>06/13/1980</u>	<u>8/25/1956</u>

Name: LARRY BLUMENSTYK Telephone: (973) 684-0119  
(area code) X24

Business address:

Office held	Date took office	Date of birth
<u>VICE PRESIDENT</u>	<u>AUG, 2000</u>	<u>12/21/48</u>

**DIRECTORS.** List the following information as to each Director of the corporation. Use additional copies of this section as necessary.

Name: MICHAEL J. O'BRIEN Telephone: AS ABOVE  
(area code)

Business address: AS ABOVE

Office held	Date took office	Date of birth
<u>PRESIDENT/DIRECTOR</u>	<u>06/13/1980</u>	<u>8/25/1956</u>

12-04-2003 14:22 From-

T-598 P.027/035 F-031

JUL 13

**FORMER OFFICERS AND DIRECTORS:** List the following information as to each person who was an Officer or Director of the corporation at any time during the last 10 years and is not listed in the responses above. Use additional copies of this section, as necessary.

Name and last known address:

Position held	From	To (month/year)	Date of birth
_____	_____	_____	_____

### SECTION THREE

(To be completed only by Corporations and Limited Liability Companies)

List all persons and/or entities holding a 10% or greater ownership, equity, beneficial or other interest in the Applicant along with the addresses and telephone #. Use additional copies of this section as necessary.

Name: MICHAEL J. O'BRIEN

Street Address: 585 NAVAHO TRAIL DRIVE

City, State & Zip Code: FRANKLIN LAKES, NJ Bus. Phone (973) 684-0119  
07417 x16

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_ Bus. Phone \_\_\_\_\_

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

### SECTION FOUR

(To be completed only by Partnerships or Joint Ventures)

Provide a copy of the partnership or joint venture agreement of applicant.

Copy attached? ☐ Yes ☐ No

12-04-2003 14:22 From-

T-598 P.028/035 F-031

6 of 13

**TYPE OF ASSOCIATION:**

Check One

☐ General Partnership☐ Limited Partnership☐ Joint Venture

**GENERAL PARTNERS OR JOINT VENTURERS.** List the following information as to each partner or joint venturer. Use additional copies of this section, as necessary. If a limited partnership, list limited partners separately under the heading "limited partners."

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State &amp; Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State &amp; Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**LIMITED PARTNERS.** List the following information as to each limited. Use additional copies of this section as necessary.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State &amp; Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State &amp; Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

12-04-2003 14:22 From-

T-598 P.029/035 F-031

**FORMER PARTNERS/JOINT VENTURERS.** List the following information as to all prior partners (general and limited) and joint venturers of the applicant during the past 10 years that are not listed above. Use additional copies of this section as necessary.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State &amp; Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates during which individual was a partner: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State &amp; Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone \_\_\_\_\_

Dates during which individual was a partner: \_\_\_\_\_

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

## SECTION FIVE

(This section to be completed only if the business concern is organized in a form **other than** a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

**FORM OF BUSINESS ORGANIZATION:** Describe how the business entity is organized and under what legal authority it was established.

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Type (trust, trade association; estate; etc.)

Copy attached?      ☐ Yes      ☐ No



12-04-2003 14:22 From-

T-598 P.030/035 F-031

8 of 13

**OWNERS, OFFICERS, TRUSTEES, CONTROLLING PARTIES, ETC.** List the following information as to each person who owns, controls or is an officer or trustee of the Applicant. If any owner, officer, trustee, or controlling party listed below shall be a corporation, limited liability corporation, or partnership (general or limited liability), the Applicant shall supply the information requested in Sections Two, Three and Four as applicable. Use additional copies of this section as necessary.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State &amp; Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State &amp; Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

## SECTION SIX

### CIVIL VIOLATIONS HISTORY

(To be completed by all applicants)

The following questions concern civil violations of environmental protection laws and regulations. In this section, the term "you" refers to the applicant identified in SECTION I, and to any of the following:

- a. Any predecessor firm, or any previous name under which the applicant operated.
- b. Subsidiaries: Any business in which the applicant holds 25% of equity or debt liability.
- c. Sister companies: Any business in which the applicant's parent company holds more than 10% of the equity or debt liability.
- d. Any corporation of which the Applicant is a subsidiary.
- e. Any Officer, Director, Partner, or Joint Venturer of the applicant, and any business concern owned or controlled by any such individual.

Provide a response in each section. Each item pertains to all of the entities and individuals listed above. If an answer is None or the item is not applicable, write "None" or "N/A". A question left unanswered will not be presumed "Not applicable" or "None" - THE FORM WILL BE DEEMED INCOMPLETE.

As used below, the term "law or regulation pertaining to protection of the environment" includes laws and regulations relating to the discharge, treatment, storage, processing, recycling or disposal of industrial waste or hazardous waste and any others relating to water and air pollution, discharge of hazardous substances and treatment of hazardous materials. It includes regulations of the Passaic Valley Sewerage Commissioners ("PVSC"), N.J. DEP, the U.S. EPA, the N.J. DOT, and the U.S. Department of Transportation.

12-04-2003 14:23 From-

I-098 P.031/030 F-031

9 of 13

**A. NEW JERSEY VIOLATIONS NOTICES.** List and explain all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, settlements, Judicial or Administrative Consent Orders, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to you within the past 10 years by the PVSC, New Jersey Department of Environmental Protection (DEP) or United States Environmental Protection Agency. Attach additional sheets if necessary.

Name of  
entity cited: SUN METAL FINISHINGDate  
Issued: 8/28/2002Address of  
alleged violation: 57 WOOD STREET, DATENSON, NJ 07525Alleged violation: UNPERMITTED TANKS Type of  
notice: PENALTY CALCULATIONDisposition & explanation: AIR PERMIT MODIFIED BY  
SUN METAL FINISHINGName of issuing agency: N.J.  
D.E.P.Docket No.:  
EA 10# PEA 020001-30547

**B. FEDERAL VIOLATION NOTICES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or similar notices issued to you within the past 10 years by the U.S. Environmental Protection Agency or U.S. Department of Transportation for any alleged violation of any federal law or regulation pertaining to protection of the environment. Use additional copies of this section as necessary.

Name of  
entity cited: NONEDate  
Issued: \_\_\_\_\_Address of  
alleged violation: \_\_\_\_\_Alleged violation: \_\_\_\_\_ Type of  
notice: \_\_\_\_\_Disposition &  
explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_ Docket no.: \_\_\_\_\_

12-04-2003 14:23 From-

T-598 P.032/035 F-031

10 of 13

**C. NEW JERSEY MUNICIPALITIES AND COUNTIES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summonses, civil Complaints, Citations of any kind, and Notices of intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any municipality or county in the State of New Jersey, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. Use additional copies of this section as necessary.

Name of entity cited: NONE Date Issued: \_\_\_\_\_

Address of alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_ Type of notice: \_\_\_\_\_

Disposition & explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_ Docket no.: \_\_\_\_\_

**D. OTHER STATES AND FOREIGN COUNTRIES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summons, Civil Complaints, Citations of any kind, and Notices of Intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any state other than the State of New Jersey or by any foreign country, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. Use additional copies of this section as necessary.

Name of entity cited: NONE Date Issued: \_\_\_\_\_

Address of alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_ Type of notice: \_\_\_\_\_

Disposition & explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_ Docket no.: \_\_\_\_\_

12-04-2003 14:23 From-

T-598 P.033/035 F-031

11 of 13

## SECTION SEVEN

## OTHER CIVIL COURT JUDGMENTS AND PENDING LITIGATION

(To be completed by all applicants)

A. **OTHER JUDGMENTS.** List and explain all judgments of liability in excess of \$25,000 rendered against the applicant in the past 10 years, starting with the most recent. Use additional copies of this section as necessary.

Title of case: ONE JUDGMENT IN FAVOR  
OF PVSC, INCLUDED WITHIN THE  
FINES OWED IN SECTION 8  
Name & location of court: \_\_\_\_\_  
Docket No.: \_\_\_\_\_  
Date judgment entered: \_\_\_\_\_  
Nature of suit: \_\_\_\_\_  
Amt./terms of judgment: \_\_\_\_\_

B. **PENDING SUITS.** List and explain all civil suits in which the applicant is presently involved as a party plaintiff or defendant. Include matters involving resolution before arbitration boards. Use additional copies of this section as necessary.

Title of case: NONE  
Docket No.: \_\_\_\_\_  
Name & location of court: \_\_\_\_\_  
Date Filed: \_\_\_\_\_  
Nature of suit: \_\_\_\_\_  
Status: \_\_\_\_\_

12-Q4-2003 14:24 From-

T-598 P.034/035 F-031

12 of 13

## SECTION EIGHT

## CRIMINAL CHARGES AND CONVICTIONS

(To be completed by all applicants)

List all indictments, accusations, summonses, complaints, and information against the applicant for any crime, felony, misdemeanor, disorderly persons offense, petty disorderly persons offense or criminal violation.

**NOTE:** You need not list convictions for any violation of Title 39 of the Revised Statutes (N.J.S.A.) or comparable motor vehicle offenses in jurisdictions other than New Jersey. Death by Auto or Vehicular Homicide is considered a criminal offense and must be listed under this item.

List convictions first. Use additional copies of this page as necessary.

Name of entity charged/convicted: SUN METAL FINISHING, INC.

Description of crime/offense charged: STORING HAZARDOUS MATERIALS FOR MORE THAN 90 DAYS, AND RECKLESSLY SUBMITTING INACCURATE REPORTS.

Date Charged: 1/9/2002

Jurisdiction Where Charged: N.J., PASSAIC COUNTY

Indictment information, Complaint No., indictment No. etc., ACCUSATION 02 01 0033A

Disposition (if applicable, sentence imposed): P.T.I. DISMISSAL PENDING, AFTER PAYMENT OF CERTAIN FINES.

12-04-2003 14:24 From-

T-598 P.035/035 F-031

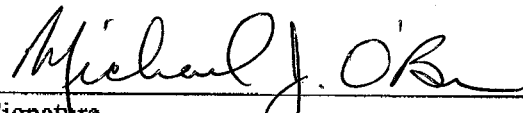
13 of 13

**CERTIFICATION**

(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment.

Dated:

  
Signature  
SUN METAL FINISHING, INC.  
BY: MICHAEL J. O'BRIEN, PRES.  
Print Title & Position

# Certificate of Incorporation of

SUN METAL FINISHING, INC.

*This is to certify that, there is hereby organized a corporation under and by virtue of N.J.S. 14A:1-1 et seq., the "New Jersey Business Corporation Act."*

14A:2-7 (1) (a) 1. *The name of the corporation is*

SUN METAL FINISHING, INC.

14A:2-7 (1) (g) 2. *The address (and zip code) of this corporation's initial registered office is*

77 Fairway Terrace  
Norwood, New Jersey 07648

*and the name of this corporation's initial registered agent at such address is*

KENNETH A. RAMP, ESQ.

14A:2-7 (1) (b) 3. *The purposes for which this corporation is organized are:*

*To engage in any activity within the purposes for which corporations may be organized under the "New Jersey Business Corporation Act." N.J.S. 14A:1-1 et seq.*

To operate as a metal plating shop for businesses in the New York metropolitan area, and to do any and all things necessary and proper towards that end including the rental and/or purchase of any and all types of real or personal property, the borrowing of capital, the mortgaging of property, the establishment of all forms of corporate benefit programs, etc.; in other words to do any and all things authorized by the New Jersey Business Corporation Act.

14A:2-7 (1) (c) 4. *The aggregate number of shares which the corporation shall have authority to issue is*

2500 shares, common, no-par stock



14A:2-7 (1) (b) 5. The first Board of Directors of this corporation shall consist of name and address of each person who is to serve as such Director is:

Director(s) and th

Name	Address	Zip Code
MICHAEL J. O'BRIEN	RD#3, Box 393	Sussex, N.J. 07461
LINDA O'BRIEN	" "	" " "

14A:2-7 (1) (b) 6. The name and address of each incorporator is:

Name	Address	Zip Code
MICHAEL J. O'BRIEN	RD #3, Box 393	Sussex, N.J. 07461
LINDA O'BRIEN	" "	" " "

In Witness Whereof, each individual incorporator, each being over the age of eighteen years, has signed this Certificate; or if the incorporator be a corporation, has caused this Certificate to be signed by its authorized officers, this 9th day of June 19 80

*Michael J. O'Brien*  
MICHAEL J. O'BRIEN

*Linda O'Brien*  
LINDA O'BRIEN

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# **Certificate of Incorporation of**

SUN METAL FINISHING, INC.

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**FORWARDED FOR RECORDING  
AND FILING**

**BY:** (INCLUDE ADDRESS AND ZIP CODE)

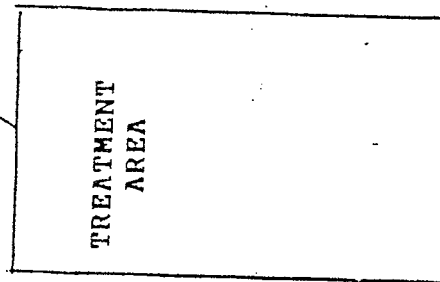
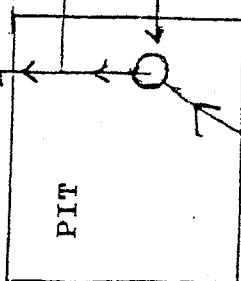
KENNETH A. RAMP, ESQ.  
77 Fairway Terrace  
Norwood, New Jersey 07648  
(201) 767-8174

SUN METAL FINISHING INC  
57 WOOD STREET  
PATERSON, N.J. 07654

DIAGRAM OF INCOMING WATER FLOW  
AND OUTGOING WASTEWATER FLOW

INCOMING WATER METER #1

Incoming Water Meter #2



DOMESTIC OUTLET #27403862

TANK  
RINSE

TANK  
RINSE

TANK  
RINSE

TANK  
RINSE

TANK  
RINSE

TANK  
RINSE

TANK  
RINSE

BATHROOMS

INCOMING WATER FLOW  
AND OUTGOING WASTEWATER FLOW

SUN METAL FINISHING INC  
57 WOOD STREET  
PATERSON, N.J. 07654

INCOMING WATER METER #1

Incoming Water Meter #2

